

# POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number

**23524**

OR

☐ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used).

Name	Registration Number	Name	Registration Number

an attorney(s) or agent(s) to represent this undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned to to the undersigned according to the USPTO assigned records or assignment statements attached to this form in accordance with 37 CFR 3.74(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

**23524**

OR:

☐ Firm or individual Name

Address:

City:

State:

Zip:

Country:

Telephone:

E-mail:

Assignee Name and Address:

Hismap Point DE Limited Liability Company  
 2741 Centerville Rd  
 Wilmington, Delaware 19808

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

## SIGNATURE OF Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	10.21.11
Name	Melissa Liberman	Telephone	
Title	Authorized Person for Hismap Point DE Limited Liability Company		

This collection of information is required by 37 CFR 1.91, 1.92 and 1.93. The information is required to obtain or retain a benefit by the public interest in the field by the USPTO to process an application. Confidentiality is protected by 35 U.S.C. 122 and 37 CFR 1.91 and 1.14. This collection is necessary to take 3 minutes in complete, including gathering, searching, and submitting the completed applications both to the USPTO. There will vary depending upon the individual issue. Any comments on the utility of this collection to complete the form must be submitted by writing this system. Should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22304-1480. DO NOT SEND PER E-MAIL COMMUNICATIONS TO THE USPTO. ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22304-1480.

If you need assistance in completing this form, call 1-800-F777-6199 and select option 3.



DECLARATION REGARDING AUTHORITY TO SIGN  
ON BEHALF OF A LEGAL ENTITY  
37 C.F.R. 3.73(b)(2)(i)

I, Melissa Coleman (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Hismap Point DE Limited Liability Company.



\_\_\_\_\_  
Melissa Coleman

Authorized Person for Hismap Point DE Limited Liability Company

10.21.11  
\_\_\_\_\_  
Date